



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

For: HEURISTICALLY ASSISTED USER  
INTERFACE FOR A WIRELESS  
COMMUNICATION DEVICE

Art Unit: 2682

COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

**Christopher P. Marshall**  
Name of Person Mailing Correspondence

*C.P. Marshall* 5/1/2003  
Signature Date

# REQUEST FOR CHANGE OF ATTORNEY DOCKET NUMBER

To assist in the management of this case, Applicant requests a change of attorney docket

number for the above-referenced patent application. Please change attorney docket number:

PHCM.P0026

**3399P115**

Please correct your records to reflect the above information.

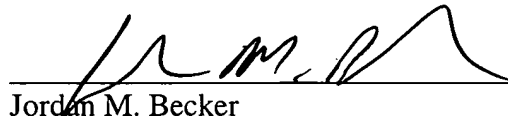
No fee is believed to be due. However, if the PTO believes otherwise please charge deposit account 02-2666 any additional charges that may be due. If you have any questions please contact the undersigned.

Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

Dated:

5/1/03

  
\_\_\_\_\_  
Jordan M. Becker  
Reg. No. 39,602

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Attorney's Docket No.: 3399P115 Patent  
In re the Application of: Craig William Payne, et al.  
(inventor(s))  
Application No.: 09/594,302  
Filed: June 14, 2000 EXAMINING GROUP 2682  
For: HEURISTICALLY ASSISTED USER INTERFACE FOR A WIRELESS COMMUNICATION  
DEVICE  
(title)

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SIR: Transmitted herewith is an **Amendment After Final Action** for the above-referenced application.

Applicant claims small entity status. See 37 CFR 1.27.

No additional fee is required.

A Notice of Appeal is enclosed.

The fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amd.		Highest No. Previously Paid For	Present Extra	Rate	Additional Fee	Rate	Additional Fee
Total Claims	* 58	Minus	** 55	3	X9	\$	X18	\$ 54.00
Indep. Claims	* 3	Minus	*** 3	0	X42	\$	X84	\$
<input type="checkbox"/> First Presentation of Multiple Dependent Claim(s)					+140	\$	+280	\$
					Total Add. Fee	\$	Total Add. Fee	\$ 54.00

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450

on May 1, 2003  
Date of Deposit

Christopher P. Marshall

Name of Person Mailing Correspondence

CP Marshall  
Signature

5/1/2003  
Date

X   A check in the amount of \$ 54.00 is attached for presentation of additional claim(s).  
Applicant(s) hereby Petition(s) for an Extension of Time of \_\_\_\_\_ month(s) pursuant to  
37 C.F.R. § 1.136(a).

       A check for \$ \_\_\_\_\_ is attached for processing fees under 37 C.F.R. § 1.17.  
       Please charge my Deposit Account No. 02-2666 the amount of \$ \_\_\_\_\_.

**A duplicate copy of this sheet is enclosed.**

  X   The Under Secretary of Commerce for Intellectual Property and Director of the United States  
Patent and Trademark Office is hereby authorized to charge payment of the following fees  
associated with this communication or credit any overpayment to Deposit Account No. 02-2666  
**(a duplicate copy of this sheet is enclosed):**

  X   Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of  
extra claims.

  X   Any extension or petition fees under 37 C.F.R. § 1.17.

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

Date: 5/1/03

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